

BARBER STUDENT REGISTRATION FORM

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(continued)

STUDENT AFFIDAVIT

I hereby certify that I am the person named on the attached application and that I have no infectious or contagious disease that may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I understand that registration is conditional on the verification of the information and fee I have provided.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

SCHOOL AFFIDAVIT

I certify that I am an agent of the aforementioned school and that the named applicant is being registered prior to beginning training.

I further certify that I have attached documentation that the applicant is of good moral character; is not less than 16 ½ years of age, and has met the 10th grade education requirement.

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

PHOTOGRAPH

Attach below an original 3”X 2” bust only photograph of yourself and bearing your signature.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES _____

